

## **Coronary Artery Disease and Current nursing care**

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### **BACKGROUND**

The incidence of CAD has continued to increase in Korea. Coronary artery stenting is currently the most widely employed revascularization strategy for treatment in patients with obstructive CAD. Wide clinical adoption of drug-eluting stent (DES) has dramatically reduced the rate of in-stent restenosis (ISR) as well as target lesion revascularization (TLR). However, ISR and stent occlusion remains the major complication of this procedure. CABG is the most common surgical treatment for multivessel CAD. Although CABG is a lifesaving intervention, changes can occur both physically and psychologically in the early postoperative period that can pose problems for patients. These changes can include but are not limited to respiratory issues, fluid volume overload, cardiac dysrhythmias, cerebral vascular accident, gastrointestinal dysfunction, wound infections, medication interactions, and depression. These postoperative changes, without proper management, can lead to poor patient outcomes and readmissions. However, to receive a PCI or CABG surgery for treating CAD does not mean a complete recovery.

### **PURPOSE**

First, the PCI procedure are getting increased the high risk intervention, like left main lesion, CTO lesion. So, it is continuously rising to severity of CABG patient. Because of this, Nurses must adapt to many new medical treatments and medications.

Second, without an understanding and an awareness of risk factors, patients with CAD are not able to reduce their risk by the lifestyle modification. Prior nursing studies have supported the importance of nursing practice apply in terms of guiding educational strategies for the modification of risk factors for coronary heart disease.

The cardiovascular risk factor modification is important for patients with coronary artery disease to prevent poor progression of the disease.